Parliamentary Recruiting Committee

Case Number:

76-105-116-104-101

POST-MORTEM REPORT

Report produced by **Repair Technician Tinted Hermit**, Parliamentary Recruiting Committee.

Date and time of death: 06/01/05 at 03:47	**Type of post-mortem**: Full
Date and time of post-mortem: 06/01/05 at 06:14	**Cause of death**: S36.7 - W64 – U89.9 - I99
Chief examiner: Abstract Wilderness	**Assisted by**: Tinted Hermit

Post-Mortem number: L27-33J	**Military organisation**: N/A	**Height**: 162.4cm
Weight: 45.8kg	**Eyes**: Blue	Hair: Blonde
Age: 19	**Sex**: Female	**Race**: Caucasian

The body is that of a mildly undernourished, fully developed woman. Beginnings of rigor mortis evident in face, hypostasis visible.

Situated on head, posterior: large contusion roughly 7cm in diameter with 1cm laceration towards centre. Consistent with blunt force injury. Possibly sustained in fall following altercation. Head, including eyes, ears, nose, and mouth otherwise unremarkable. Teeth in reasonable condition, none missing, two fillings at upper left 6 and upper left 8 as well as a full crown on lower right 8.

Situated on neck, right lateral between C5 and C6 vertebrae: scar roughly 2cm in length of surgical origin, consistent with a temporary central venous catheter. Well-healed – unlikely to have occurred within last two years.

Situated on left forearm, anterior: burn mark extending from medial point of forearm to wrist. Predominantly first degree burns with occasional second-degree patches. Healed. Likely resulting from boiling water, unlikely to have occurred in past two years.

CLAW WOUNDS

1. There is a 12cm laceration running diagonal across abdomen. Beginning just below ribcage, distal left and ending right of navel. Wound is 2cm wide with a maximum depth of 3.8 cm towards the centre, where it cut through the rectus abdominis and perforated the ileum. Wound is necrotic, with remnants of oily white discharge. Sample taken. Remnants of surgical thread visible, indicating wound was sutured, but then stitches tore. Closer examination of edges of thread indicates chemical decomposition rather than snapping.
2. There is a 20cm laceration running vertically from thorax to abdomen. Beginning at right clavicle, medial and ending right lumbar superior proximal. Wound is 2cm wide, maximum depth 0.7cm, where wound transverses bones, the bones appear similarly lacerated leading to a uniformity of depth. Wound is necrotic with remnants of oily white discharge. Sample taken. Remnants of surgical thread with same chemical decomposition noted above.
3. There are a number of minor lacerations on hands and forearms indicative of defence wounds. These are:
    a. Laceration on right forearm, anterior distal. 3cm long by 1cm wide. Less than 0.5cm depth. Necrotic, no sign of discharge or suture. Passive.
    b. Laceration on right forearm, distal. 4cm long by 1cm wide. 2cm at deepest. Cut runs parallel to wrist, narrowly avoiding cephalic vein. Necrotic, no sign of discharge or suture. Passive.
    c. Lacerations on left hand, anterior. Transverses index distal phalanx, middle middle phalanx and ring distal phalanx. 2cm long, less than 0.5cm wide and deep. Necrotic. Passive.
    d. Lacerations on right hand, anterior. Transverses middle phalanges of all fingers. 4cm long, less that 0.5cm wide. 0.5cm deep. Necrotic. Active.
    e. Lacerations on right hand, anterior. Runs parallel to proximal digital crease. 6cm long, less than 0.5cm wide. 1cm deep. Necrotic. Active. Location and angle of wounds indicates claw at least 6cm long, double edged with a width of 1.7cm to 4.2cm.

INCISIONS

Scalp wound extended along the coronal plain to allow removal of cranial contents. Y-shaped incision made to examine body cavities.

THORACIC CAVITY

Excess pleural effusion, deep black suggesting haemorrhagic exudative. Sample taken.

LUNGS

Lungs are similar in appearance, with the right being slightly larger. Right lung weighed at 279.8g. Left lung weighed at 244.3g. The lungs are well aerated however the expected grey-pink colour is hidden by glimmering black mucus, thicker on the left lung than the right. This seems a different substance to the haemorrhagic pleural effusion. Sample taken. Incision in this area reveals the mucus to be present only on the surface, with no sign within.

HEART

Not present during examination.

ABDOMINAL CAVITY

No peritoneal fluid. The abdominal organs are all present and in their relative positions with no lacerations besides ileum mentioned above. All of small intestine and cecum appear entirely necrotic.

SKELETAL SYSTEM

Aside from above mentioned lacerations to right clavicle and right side of ribcage, the skeleton appears to have no gross abnormalities.

PHOTOGRAPHY

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Photographs depicting injuries and significant findings taken and given into possession of **Production Artist Quilted Chamber**, receipt attached.

SUMMARY

Based on the evidence, it is the opinion of primary Repair Technician that the deceased died as a result of laceration perforating abdominal cavity inflicted by entities unknown.
While the wound was certainly fatal, death was not instant and there is not sufficient evidence to establish a sequence of when the fatal wound was inflicted in relation to other non-fatal wounds. The instrument used to make the wounds was coated or otherwise imbued with an unidentified necrotising agent. Any of the wounds could have proved fatal if untreated, however even with advanced medical treatment, the fatal blow induced death in under 12 hours.

Complete absence of heart is concerning and unexplained. Evidence suggests this was a post-mortem event, not peri-mortem. Further investigation may be required using MFD-20:2:10.

SIGNED